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CONFIRMATION NO. 5279

SERIAL NUMBER 09/940,273	FILING DATE 08/27/2001 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 032580.0027.UTL
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## APPLICANTS

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*Verified KDM*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/663,607 09/18/2000 PAT 6,721,597  
and is a CIP of 09/663,606 09/18/2000 PAT 6,647,292

*verified KDM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none KDM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/12/2001

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>KDM</i> <i>Initials</i>	WA	DRAWING 17	CLAIMS 219	CLAIMS 5

## ADDRESS

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TITLE **Active Housing and Subcutaneous Electrode Cardioversion/Defibrillating System**  
Cardioverter-defibrillator having a focused shocking area and orientation thereof

<i>KDM 23/06</i>	per SPEC 11/28/05	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	
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